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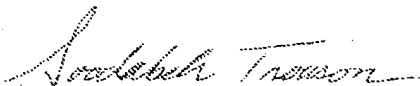
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Application Number	10/059,093
Filing Date	1/25/2002
First Named Inventor	Stuart D. Edwards
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Soodabeh Tronson	41354

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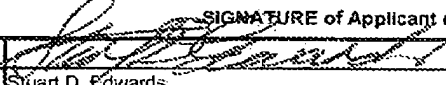
OR

<input checked="" type="checkbox"/> Firm or individual Name	Soodabeh Tronson				
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City	Menlo Park	State	CA	Zip	94025
Country	U.S.A.				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	May 15, 2008
Name	Stuart D. Edwards	Telephone	831.863.3140
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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